

BERYLLIUM FACILITY ASSESSMENT FORM

(Attach additional pages and/or documentation if needed)

Date: _____ Assessor(s): _____

Facility Information

Building: _____ Building Administrator: _____
Building Description : _____ Contractor: _____
Project: _____ Date Built: _____ Square Footage: _____
Current Status: Active Inactive # of Employees Based in Facility: _____
Occupancy: Full Time Part Time/Regularly Occasionally Unoccupied
RAD Contaminated Facility: Yes No
Public Access: Yes No
Facility Usage:

Assessment Information

Individuals Contacted:

Documented/Suspected Usage of Beryllium Materials in Facility: Yes No
Possible maintenance of Be items producing airborne Be in Facility: Yes No
Possible handling/storage of Be items: Yes No
Facility Historical Usage: Fully Known Partially or Incompletely Known

Comments:

Characterization Information (to be completed by industrial hygienist)

Recommendation for Characterization/Sampling: Yes No
If No, Current Status: Beryllium Clean Facility Beryllium Controlled Facility Status TBD
Legacy Probability Factor (P) = _____ Occupancy Factor (F) = _____

References:

If Yes, # of Recommended Survey Units and Locations:

If BCF, recommendations for Beryllium Controlled Areas in Facility: